



Supplier Packaging Checklist Form

Supplier Information

Supplier Name: _____
Supplier Address: _____
Vendor Code: _____

Packaging Contact: _____
Contact Phone Number: _____
Contact E-Mail Address: _____

Part Information

Part Number: _____ Part Length (in): _____
Part Description: _____ Part Width (in): _____
Is part PPAP approved? ☐ Yes ☐ No Part Height (in): _____
If no, Target Date: _____ Part Weight (lbs): _____

Primary Package Information

Category: ☐ Returnable ☐ Expendable Dunnage Desc: _____
Type: ☐ Manually Handled Container ☐ Bulk Container ☐ Band & Block ☐ Other
of Parts Per Container: ☐ Pcs. ☐ Lbs. Container Length (in): _____
Empty Container Weight: _____ Container Width (in): _____
Loaded Container Weight: _____ Container Height (in): _____

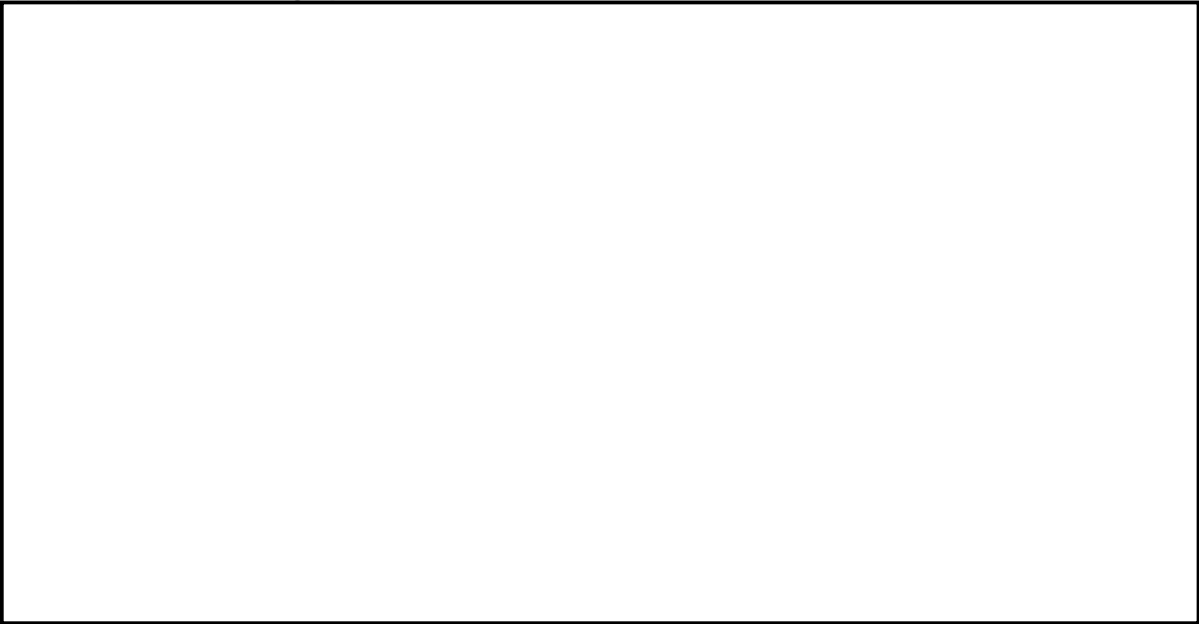
Secondary Package Information

Category: ☐ Returnable ☐ Expendable Dunnage Desc: _____
Type: ☐ Manually Handled Container ☐ Bulk Container ☐ Band & Block ☐ Other
of Parts Per Container: ☐ Pcs. ☐ Lbs. Container Length (in): _____
Empty Container Weight: _____ Container Width (in): _____
Loaded Container Weight: _____ Container Height (in): _____

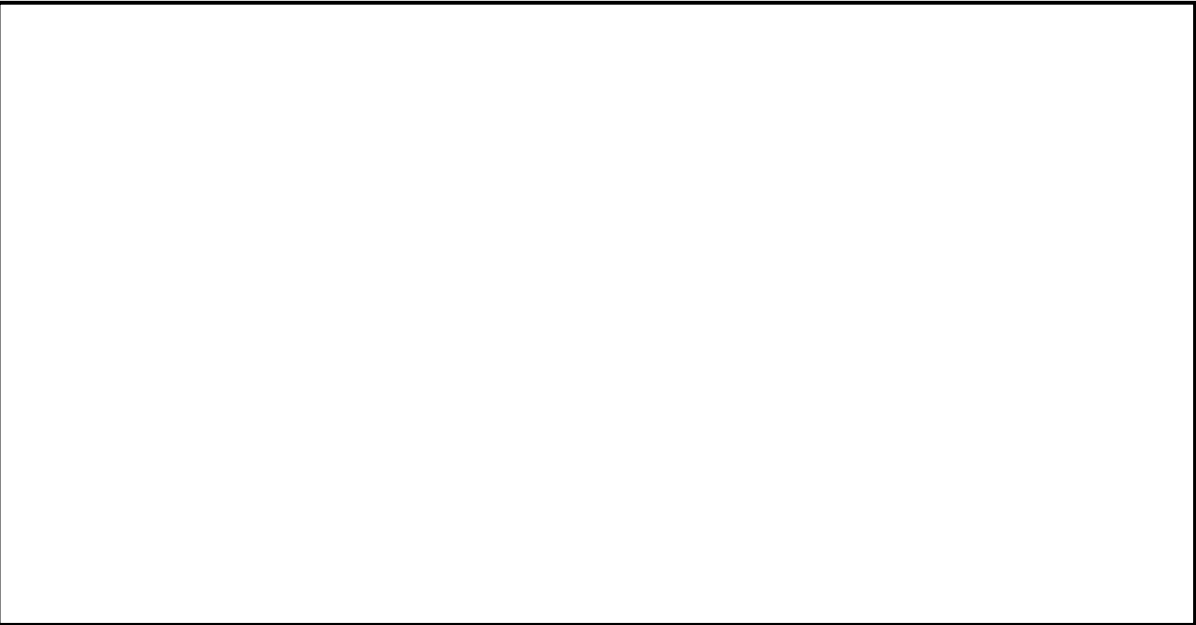
Pallet Information

Type: ☐ Returnable ☐ Expendable ☐ Wood ☐ Plastic ☐ Corrugated
Entry Type: ☐ 2-Way Entry ☐ 4-Way Entry Pallet Length (in): _____
Pallet Width (in): _____
Containers per Layer: _____ Pallet Height (in): _____
Layers per Pallet: _____ Empty Pallet Weight (lbs): _____
Containers per Pallet: _____ Loaded Pallet Weight (lbs): _____
Parts per Pallet: ☐ Pcs. ☐ Lbs. Loaded Pallet Height (in): _____
Method of Securement: ☐ Banding ☐ Stretch Wrap ☐ Other: _____
Securement Material Type: _____

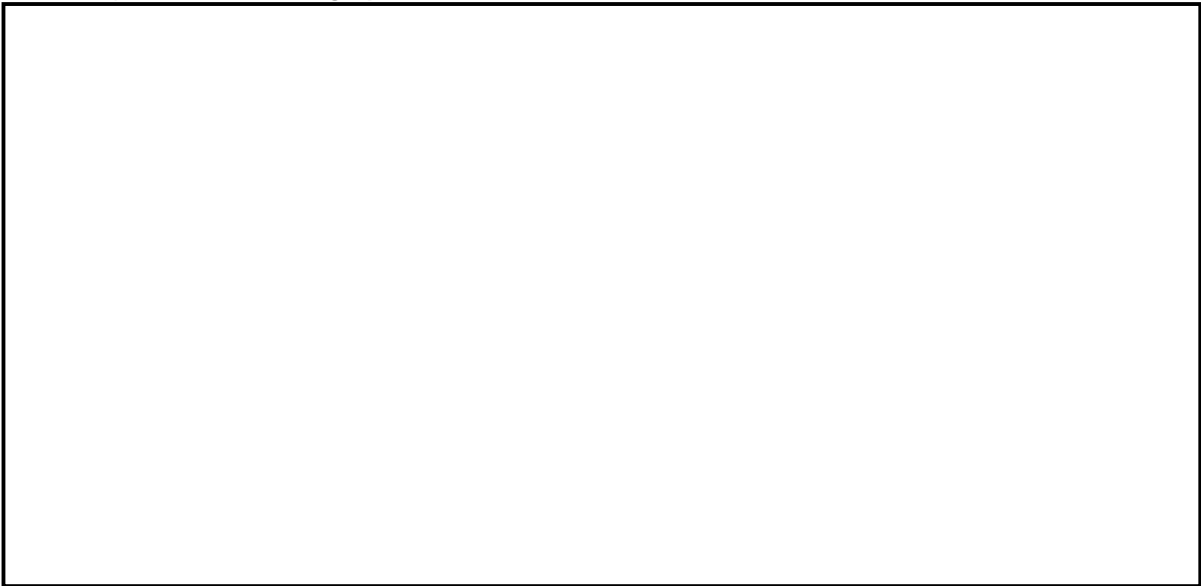
Primary Container Photograph



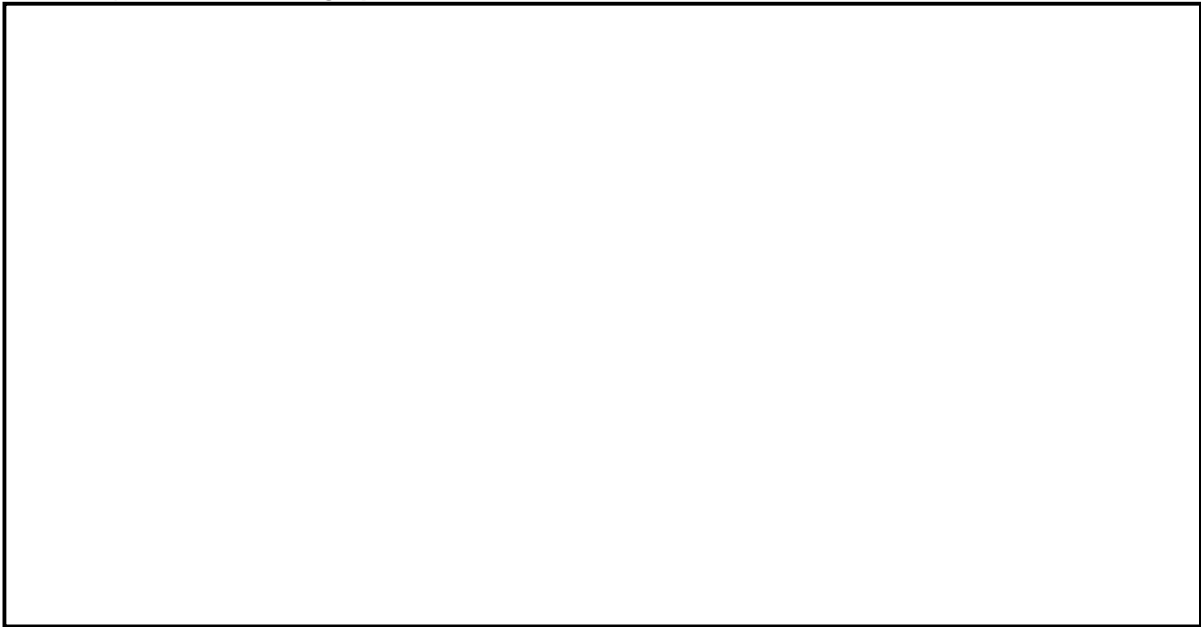
Primary Unit Load Photograph



Secondary Container Photograph



Secondary Unit Load Photograph



Submission Date: _____ **Approval Date:** _____

Supplier: _____ **Wabash:** _____

Name Title

Name Title